

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/10/1607</i>	FILING DATE				
						APPLICANT(S)					
						<i>7/26/14 CLAIMS</i>					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1						61					
2						62					
3						63					
4						64					
5	<i>(4)</i>					65					
6	<i>(2)</i>					66					
7	<i>(3)</i>					67					
8	<i>(3)</i>					68					
9	<i>(2)</i>					69					
10	<i>(2)</i>					70					
11						71					
12						72					
13						73					
14						74					
15						75					
16						76					
17						77					
18						78					
19						79					
20						80					
21						81					
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25						85					
26						86					
27						87					
28						88					
29						89					
30						90					
31						91					
32						92					
33						93					
34						94					
35						95					
36						96					
37						97					
38						98					
39						99					
40						100					
41						TOTAL IND.					
42						TOTAL DEP.					
43						TOTAL CLAIMS					
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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